

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>0147-0199P    |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
|--|------------|---|-----------|--|------------|-------------------------|--|--|-------|------|----|---|-------|-------|----|--|--------|-------|-----------|--|--------|-------|----|--|--------|--------|----|
| Application Number      09/554,465-Conf. #3425   |            | Filed      May 12, 2000                   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| For      A NOVEL METHOD OF IDENTIFYING BINDING SITE DOMAINS THAT RETAIN THE CAPACITY OF BINDING TO AN EPITOPE  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| Art Unit      1641   |            | Examiner      CHEU, CHANGHWA J.           |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ 510.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> |            |   |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                      | \$        |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                     | \$        |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                     | \$ 510.00 |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                     | \$        |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                    | \$        |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.   |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,330</u>   |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| Registration number if acting under 37 CFR 1.34 _____  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <u>/Leonard R. Svensson/</u><br>Signature  |            | <u>October 24, 2006</u><br>Date           |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <u>Leonard R. Svensson</u><br>Typed or printed name  |            | <u>(714) 708-8555</u><br>Telephone Number |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |           |  |            |                         |  |  |       |      |    |   |       |       |    |  |        |       |           |  |        |       |    |  |        |        |    |